BRADLEY HEALTH/REHABILITATION CENTER

6735 WEST BRADLEY ROAD

MI LWAUKEE 53223 Ownership: Corporati on Phone: (414) 354-3300 Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/01): 198 Yes Total Licensed Bed Capacity (12/31/01): 255 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 170 Average Daily Census: 183 ******************** *************************

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	% 	Less Than 1 Year 1 - 4 Years	30. 6 34. 7
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	19. 4	More Than 4 Years	34. 7
Day Services	No	Mental Illness (0rg. /Psy)	47.6	65 - 74	16. 5		100.0
Respite Care Adult Day Care	No No	Mental Illness (Other) Alcohol & Other Drug Abuse	0. 6 0. 0	75 - 84 85 - 94	38. 2 21. 8	********	100.0
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0. 6	95 & Over	4.1	Full-Time Equivalen	t
Congregate Meals	No	Cancer	2. 4			Nursing Staff per 100 Re	
Home Delivered Meals	No	Fractures	6. 5		100.0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	22. 4	65 & 0ver	80. 6	1	
Transportation Referral Service	No No	Cerebrovascul ar Di abetes	8. 2 5. 9	Sex	· · · · · · %	RNs LPNs	8. 0 11. 0
Other Services	No	Respiratory	0. 6	sex	70 	Nursing Assistants,	11.0
Provide Day Programming for	110	Other Medical Conditions	5. 3	Male	33. 5	Ai des, & Orderlies	48. 5
Mentally Ill	No			Femal e	66. 5		
Provi de Day Programming for			100. 0				
Developmentally Disabled	No	 ***********************************	*****	******	100.0	*********	*****

Method of Reimbursement

		ledicare litle 18			edicaid itle 19			0ther			Pri vate Pay]	Family Care		1	Managed Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	
Int. Skilled Care	18	100. 0	292	9	6.6	121	1	100. 0	132	0	0. 0	0	0	0. 0	0	0	0. 0	0	28	16. 5
Skilled Care	0	0.0	0	117	86. 0	104	0	0.0	0	13	100.0	189	1	100.0	104	1	100.0	355	132	77. 6
Intermedi ate				10	7.4	87	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	10	5. 9
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj		0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	18	100.0		136	100.0		1	100. 0		13	100.0		1	100. 0		1	100.0		170	100. 0

BRADLEY HEALTH/REHABILITATION CENTER

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi t	tions, Services, an	d Activities as of 12/	′31/01
beachs builing kepoteting terrou	<u>.</u>				% Needi ng		Total
Percent Admissions from:		Activities of	%	As	si stance of	% Totally	Number of
Private Home/No Home Health	6. 3	Daily Living (ADL)	Independent	0ne	or Two Staff	Dependent	Resi dents
Private Home/With Home Health	1. 7	Bathi ng	0.0		37. 6	62. 4	170
Other Nursing Homes	3. 4	Dressi ng	9. 4		38. 8	51. 8	170
Acute Care Hospitals	83. 5	Transferring	23. 5		38. 2	38. 2	170
Psych. Hosp MR/DD Facilities	2.8	Toilet Use	10. 6		34. 1	55. 3	170
Rehabilitation Hospitals	0.0	Eating	57. 6		31. 2	11. 2	170
Other Locations	2.3	*************	******	******	******	*******	*******
otal Number of Admissions	176	Conti nence		%	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Externa	ıl Catheter	11.8	Receiving Resp	iratory Care	4. 7
Private Home/No Home Health	10. 4	Occ/Freq. Incontinent		59. 4	Receiving Trac	heostomy Care	0.6
Private Home/With Home Health	28. 0	Occ/Freq. Incontinent	of Bowel	62. 4	Receiving Suct	i oni ng	1. 2
Other Nursing Homes	4. 4	_			Receiving Osto	my Care	10. 0
Acute Care Hospitals	8.8	Mobility			Recei vi ng Tube	Feedi ng	10.6
Psych. Hosp MR/DD Facilities	1. 6	Physically Restrained	l	3. 5	Receiving Mech	anically Altered Diets	45. 9
Rehabilitation Hospitals	0. 5				_	·	
Other Locations	11.5	Skin Care			Other Resident C	haracteri sti cs	
Deaths	34.6	With Pressure Sores		12. 4	Have Advance D	i recti ves	100. 0
otal Number of Discharges		With Rashes		7. 1	Medi cati ons		
(Including Deaths)	182	İ			Receiving Psyc	hoactive Drugs	27. 1

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This				Si ze: 00+	Ski	ensure: lled	Al				
	Facility	cility Peer Group		Peer	Group	Peer Group		Facilities				
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio			
Occupancy Rate: Average Daily Census/Licensed Beds	71. 8	77. 1	0. 93	80. 2	0. 90	82. 7	0. 87	84. 6	0. 85			
Current Residents from In-County	97. 1	82. 7	1. 17	83. 3	1. 17	85. 3	1. 14	77. 0	1. 26			
Admissions from In-County, Still Residing	27.8	19. 1	1.46	27. 4	1. 02	21. 2	1. 32	20. 8	1. 34			
Admissions/Average Daily Census	96. 2	173. 2	0. 56	94. 3	1. 02	148. 4	0. 65	128. 9	0. 75			
Discharges/Average Daily Census	99. 5	173.8	0. 57	98. 8	1. 01	150. 4	0. 66	130. 0	0. 76			
Discharges To Private Residence/Average Daily Census	38. 3	71. 5	0. 54	31.6	1. 21	58. 0	0. 66	52. 8	0. 73			
Residents Receiving Skilled Care	94. 1	92.8	1. 01	89. 7	1. 05	91. 7	1. 03	85. 3	1. 10			
Residents Aged 65 and Older	80. 6	86. 6	0. 93	90. 1	0. 89	91. 6	0. 88	87. 5	0. 92			
Title 19 (Medicaid) Funded Residents	80. 0	71. 1	1. 12	71. 6	1. 12	64. 4	1. 24	68. 7	1. 16			
Private Pay Funded Residents	7. 6	13. 9	0. 55	19. 1	0. 40	23. 8	0. 32	22. 0	0. 35			
Developmentally Disabled Residents	0. 0	1. 3	0.00	0. 8	0. 00	0. 9	0. 00	7. 6	0. 00			
Mentally Ill Residents	48. 2	32. 5	1. 48	35. 4	1. 36	32. 2	1. 50	33. 8	1. 43			
General Medical Service Residents	5. 3	20. 2	0. 26	20. 3	0. 26	23. 2	0. 23	19. 4	0. 27			
Impaired ADL (Mean)	61. 9	52. 6	1. 18	51.8	1. 20	51. 3	1. 21	49. 3	1. 26			
Psychol ogi cal Problems	27. 1	48. 8	0. 56	47.7	0. 57	50. 5	0. 54	51. 9	0. 52			
Nursing Care Required (Mean)	11. 5	7.3	1. 57	7. 3	1. 57	7. 2	1.60	7. 3	1. 57			